PRINTED: 07/07/2017 FORM APPROVED

Division of Health Care Facilities (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_\_ B. WING. 06/28/2017 TN8306 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 370 OLD SHACKLE ISLAND RD NHC HEALTHCARE, HENDERSONVILLE HENDERSONVILLE, TN 37075 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 000 N 000 Initial Comments A Licensure survey and complaint investigation #40690, #40827, and #41088 were completed on 6/26/17-6/28/17 at NHC Healthcare, Hendersonville. No Deficiencies were cited related to the Licensure survey and complaint investigation #40690, #40827, and #41088 under Chapter 1200-8-6, Standards for Nursing Homes. N 415 N 415 1200-8-6-.04(10) Administration SS=D (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee. This Rule is not met as evidenced by: Based on review of facility policy, employee record review, and interview, the facility failed to offer the Hepatitis B vaccination to 4 Employees (#1, #3, #4, #5) of 5 employee records reviewed. The findings included: Review of facility policy, Policy and Procedure for Hepatitis B Vaccination, dated 6/2003 revealed "...At risk partners [employees] must sign a form with accepting or declining Hepatitis B vaccination..."

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Division of Health Care Facilities (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 06/28/2017 TN8306 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 370 OLD SHACKLE ISLAND RD NHC HEALTHCARE, HENDERSONVILLE HENDERSONVILLE, TN 37075 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 415 N 415 Continued From page 1 Review of the records for Employee #1, hired on 2/27/17: for Employee #3, hired on 6/5/17; for Employee #4, hired on 4/3/17; and for Employee #5, hired on 5/19/17 revealed no documentation the facility offered the Hepatitis B vaccine. Interview with Licensed Practical Nurse #5 on 6/28/17 at 5:10 PM in the classroom confirmed the facility was to offer the Hepatitis B vaccination upon hire and the employee had the option to accept or decline the vaccination. Further interview confirmed the facility failed to offer Employee #1, #3, #4 and #5 the Hepatitis B vaccination. N 643 N 643 1200-08-06-.06(3)(i) Basic Services SS=D (i) A Nursing Home shall have an annual influenza vaccination program which shall include at least: 1. The offer of influenza vaccination to all staff and independent practitioners at no cost to the person or acceptance of documented evidence of vaccination from another vaccine source or facility. The Nursing Home will encourage all staff and independent practitioners to obtain an influenza vaccination: 2. A signed declination statement on record from all who refuse the influenza vaccination for reasons other than medical contraindications (a sample form is available at http://tennessee.gov/health/topic/hcf-provider); 3. Education of all employees about the following: (i) Flu vaccination,

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE COMPI	
	TN8306	B. WING		06/28/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
NHC HEALTHCARE, HENDERSONVILLE  370 OLD SHACKLE ISLAND RD HENDERSONVILLE, TN 37075					
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Continued From page 2		N 643			
(ii) Non-vaccine control measures, and					
(iii) The diagnosis, transmission, and potential impact of influenza;					
4. An annual evaluation of the influenza vaccination program and reasons for non-participation; and					
5. A statement that the requirements to complete vaccinations or declination statements shall be suspended by the administrator in the event of a vaccine shortage as declared by the Commissioner or the Commissioner's designee.					
Based on employee the facility failed to	e record review and interview, offer the flu vaccination for 1				
The findings included:					
Review of the record for Employee #2, hired on 1/21/17, revealed the facility failed to offer the flu vaccination.					
6/28/17 at 3:50 PM facility offered the fluin September or Ocinterview confirmed flu vaccination to the	in the classroom revealed the u vaccination 1 time annually, tober, to employees. Further the facility failed to offer the e employees hired after the				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa  (ii) Non-vaccine co (iii) The diagnosis, impact of influenza;  4. An annual evaluvaccination program non-participation; as 5. A statement that complete vaccination shall be suspended event of a vaccine so Commissioner or the  This Rule is not me Based on employee the facility failed to employee (#2) of 5  The findings include Review of the recorn 1/21/17, revealed the vaccination.  Interview with Licen 6/28/17 at 3:50 PM facility offered the flin September or Ocinterview confirmed flu vaccination to the	TN8306  PROVIDER OR SUPPLIER  ALTHCARE, HENDERSONVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  (ii) Non-vaccine control measures, and  (iii) The diagnosis, transmission, and potential impact of influenza;  4. An annual evaluation of the influenza vaccination program and reasons for non-participation; and  5. A statement that the requirements to complete vaccinations or declination statements shall be suspended by the administrator in the event of a vaccine shortage as declared by the Commissioner or the Commissioner 's designee.  This Rule is not met as evidenced by: Based on employee record review and interview, the facility failed to offer the flu vaccination for 1 employee (#2) of 5 employee records reviewed.  The findings included:  Review of the record for Employee #2, hired on 1/21/17, revealed the facility failed to offer the flu	TN8306  TN8306  STREET ADDRESS, CITY, 370 OLD SHACKLE IS HENDERSONVILLE, 370 OLD SHACKLE IS HENDERSONVILLE, 10 PREFIX TAG  CONTINUED FROM MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  The diagnosis, transmission, and potential impact of influenza;  4. An annual evaluation of the influenza vaccination program and reasons for non-participation; and  5. A statement that the requirements to complete vaccinations or declination statements shall be suspended by the administrator in the event of a vaccine shortage as declared by the Commissioner or the Commissioner's designee.  This Rule is not met as evidenced by: Based on employee record review and interview, the facility failed to offer the flu vaccination for 1 employee (#2) of 5 employee records reviewed.  The findings included:  Review of the record for Employee #2, hired on 1/21/17, revealed the facility failed to offer the flu vaccination.  Interview with Licensed Practical Nurse #5 on 6/28/17 at 3:50 PM in the classroom revealed the facility offered the flu vaccination 1 time annually, in September or October, to employees. Further interview confirmed the facility failed to offer the flu vaccination to the employees hired after the	This Rule is not met as evidenced by: Based on employee record review and interview, the facility offers definition for 1 megalized to offer the flu vaccination.  The findings included:  Review of the record for Employee #2, hired on 1/2/11/7, revealed the facility offered the flu vaccination.  Interview with Licensed Practical Nurse #5 on 6/28/17 at 3:50 PM in the classroom revealed the facility offered the flu vaccination to the employees Further and remaining the after the flu vaccination to the employees Further and remaining the after the flu vaccination to the employees Further interview worth of the employees. Further interview confirmed the facility offered the flu vaccination to the employees Further interview confirmed the facility offered the flu vaccination to the employees Further interview confirmed the facility offered the flu vaccination to the employees Further interview confirmed the facility alied to offer the flu vaccination to the employees Further interview confirmed the facility offered the flu vaccination to the employees. Further interview confirmed the facility offered the flu vaccination to the employees Further interview confirmed the facility offered the flu vaccination to the employees firmed after the	TN8306  TN8307  TN8306  TN8307  TN8407  TN8407

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